BUREAU OF	BOARD OF HEALTH VITAL STATISTICS RTIFICATE OF BIRTH State Wighter State Rile No. 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
District or Township	
City No. 3.0 Orong Canon Bt Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
If child is not yet named, make	
2, Full name of child	supplemental report, as directed.
3. Sex of Child To be answered ONLY in event of plural births. 1. Twin, triplet or of the plural births. 1. Twin, triplet or of the plural births. 1. Twin, triplet or of the plural births.	7. Date of birth Wel 4-1927
8. FATHER	14. MOTHER
Full name Damacio Lomales	Full maiden name lesus Delas quels
9. Residence (Usual place of abode) Miami,	15 Residence (Usual place of stoode) Migniti
If non-resident, give place and state. Wyona.	If non-resident, give place and state. Whavea.
10. Color or race	16 Color or race
Mel. 11. Age at last birthday	mey 17. Age at last birthday 26 (Years)
12. Birthplace (city or place). Jalia Co (State or country) Mey.	18. Birthplace (city or place) Jalia Co. (State or country) Met.
.13. Occupation	19. Occupation
Nature of industry Labortr	Nature of industry Housewife
20. Number of children of this mother	
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive (c) Stillborn.	but now dead
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 500, m. on the date above stated	
* When there was no attending physician)	
etc., should make this return. A stillborn child is one that neither breathes nor	Physician
Given name added from a supplemental report. Address Mann, Warne.	
079 = (0)H - (5)	June 11, 102) (0.6. Jim
Registrar	Registrar

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